

GOVERNMENT FURNISHED VEHICLE		REQUEST NUMBER:	DATE:	
NAME OF REQUESTER:			DATE AND TIME REQUIRED:	
REQUESTER'S ORGANIZATION:		REQUESTER'S PHONE NUMBER:		DATE AND TIME RETURNED:
DESTINATION:		TDY <input type="checkbox"/> LOCAL <input type="checkbox"/>		NUMBER OF PASSENGERS:
SEDAN <input type="checkbox"/> _____ BUS <input type="checkbox"/> _____ TRUCK <input type="checkbox"/> _____ VAN <input type="checkbox"/> _____ OTHER <input type="checkbox"/> _____ WITH DRIVER <input type="checkbox"/> WITHOUT DRIVER <input type="checkbox"/>				
INSTRUCTIONS:			Commercial Fuel	
			Government Fuel	
			Total Fuel	
Information below this line to be filled out by: MOTOR POOL			Total Miles	
MILEAGE				
START:	END:			
			Miles Per Gallon	
SIGNATURE OF DRIVER:			SIGNATAURE OF DISPATCHER:	